



Mike Beebe
Governor

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

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REQUEST FOR TRANSCRIPT AND CERTIFICATION

TO THE COLLEGE OR UNIVERSITY IT MAY CONCERN:

The individual named below has made application for licensure with the Arkansas Social Work Licensing Board. In order for the application to be processed, we are requesting the following statements be completed by the appropriate official of your institution and returned along with an official transcript. **If the transcript verifies that the social work degree awarded to this individual was from a program accredited by the Council on Social Work Education, completion of this form is not necessary.** Thank you for your assistance.

This is to certify that the individual named below was awarded a _____ degree on _____, _____ in the curriculum of _____.

Was the degree awarded to this individual, accredited by the Council on Social Work Education (CSWE)?
Yes _____ No _____

Is your social work program currently CSWE accredited? Yes _____ No _____

When your social work program was approved for CSWE accreditation, was the accreditation made retroactive to cover the degree awarded to this individual? Yes _____ No _____ N/A _____

Name of College or University

Certified By

Affix Official Seal

Title

Date

TO BE COMPLETED BY APPLICANT:

Applicant's Name _____ Social Security No. _____ - _____ - _____

Date of Birth _____ This is to authorize _____ to complete the
(college or university)
above requested information and forward it along with my official transcript to the Arkansas Social Work Licensing Board. I will assume responsibility for any necessary fees.